

Giardiasis

Alaska

Outbreak Cluster **AK STARS** # _____
 Date first received by SOE _____

OUTREACH/CONTACT LOG (For contact with and/or outreach to the client)

	Method (phone call, letter, homevisit, clinic visit)	Date (mm/dd/yyyy)	Outcome (Left msg., interviewed, refused, unable to locate, etc.)
1st Outreach/Contact			
2nd Outreach/Contact			
3rd Outreach/Contact			

CASE IDENTIFICATION

Name: _____ Phone(s) _____ Home: _____
last first MI Cell: _____

Address: _____
Street City State Zip

Alternate Contact: Parent/Guardian Spouse/Partner Household Member Other _____

Name: _____ Phone(s) _____ Home: _____
last first MI Cell: _____

Address: _____
Street City State Zip

DEMOGRAPHICS

Sex: Male Female _____ Hispanic: Yes No Unknown

DOB: _____ Race: White
 Or, if unknown, Age _____ AI/AN Unknown
 Asian/Pacific Islander Refused to answer
 Black Other _____

CLINICAL DATA

Symptomatic? Yes No Unk	ER Visit? Yes No Unk
If yes, onset date _____	Hospitalized? Yes No Unk
onset time _____ am pm	If yes, Hospital name: _____
Duration of Illness _____ hours days	Admit date _____
-OR- Ongoing	Discharge date _____
Symptoms:	-OR- Still inpatient Unknown
Diarrhea Yes No Unk	Outcome: Survived Died (Date: _____) Unk
Cramping Yes No Unk	
Nausea Yes No Unk	
Vomiting Yes No Unk	
Loss of Appetite Yes No Unk	
Weight loss Yes No Unk	
Fever Yes No Unk	
Other (specify): _____	

OCCUPATION

Is the case a... Yes No Unk

daycare attendee/worker?

food service/processor worker?

healthcare facility/resident worker?

If yes, specify location/business: _____

Additional clinical information:

HIV Infection Yes No Unk Receiving chemotherapy/immunosuppressive drugs Yes No Unk

Does the case know others with similar illness? Yes No Unk

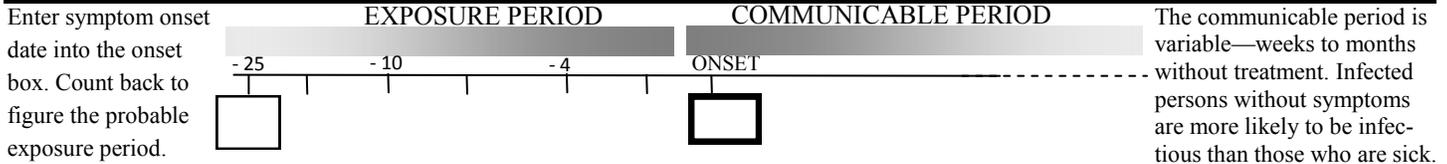
If yes, indicate name of individual, relationship to case, onset of illness, and relevant symptoms:

Attach a second sheet if needed

CASE NAME: _____

AK STARS # _____

EXPOSURE TIMELINE



INTERVIEW

Interview questions are asked for the exposure time calculated above.

All yes answers require additional details. If you have a yes answer to any exposure/consumption question, please provide relevant details in the comments section.

Potential Exposures			Travel Exposure		
Yes	No	Unk	Yes	No	Unk
					In Alaska
					Outside Alaska
					Outside U.S.
					If yes to any travel, specify location(s) and dates of travel.
		Drank untreated water			
		Attended, visited, or worked at child care center			
		Contact with diapered or incontinent individuals			
		Contact with individuals sick with acute gastroenteritis			
		Contact with livestock			
		Contact with Animal Exhibits (petting zoo, fairs, etc.)			
		Contact with Other animals (specify: _____)			
		Contact with sick animal			
		Recent arrival from overseas (specify: _____)			
		Recreational water exposures (e.g. lake, pool, etc.)			
		Anal intercourse and/or oral-anal intercourse			

If yes to any of the above questions, provide details here:

(e.g. "Drinking untreated water Yes No Unk," relevant details: camping during exposure period, drank water from lake near Haines)

Attach a second sheet if needed

Restaurants/takeout during exposure period?			Social events (parties, weddings, etc.) during exposure period?		
Yes	No	Unk	Yes	No	Unk

If yes to either restaurants or social events, indicate the following:
name of restaurant/event, when, where, foods eaten, & if others in attendance became ill.

Attach a second sheet if needed

Did case prepare food for public/private gathering during communicability period?		
Yes	No	Unk

If yes, provide details:

Attach a second sheet if needed

Where were the groceries eaten during the exposure period bought? If unknown, where does client normally buy groceries?
Store name(s) and location(s):

Attach a second sheet if needed

SUMMARY			
Intervention(s):	Hygiene education provided	Health education provided	Child care restriction
	Work or school restriction	Other:	
Completed by _____	Phone _____	Completed Case Report	